

**NEVADA GAMING COMMISSION**  
**APPLICATION FOR ENROLLMENT AS AN AGENT**  
(Pursuant to NGC Regulation 10.040)

Name \_\_\_\_\_  
*Last First M.I.*

Home Address \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Mailing Address \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Enrolled Person recommending you for enrollment:** (Pursuant to NGC Regulation 10.030)

Name \_\_\_\_\_  
*Last First M.I.*

**Name of Firm or Business of Recommending Person:**

**Note: Only natural persons may enroll to practice before the Nevada Gaming Control Board or Nevada Gaming Commission**

APPLICANT \_\_\_\_\_  
*Signature*

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ (SS)

SIGNED AND SWORN TO (OR AFFIRMED) BEFORE ME ON

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ By \_\_\_\_\_  
*Name of Applicant*

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES \_\_\_\_\_

(SEAL)